Place of Business,

The Special Attention of Physicians	is Respectfully Invited to	the Remarks be	elow, and to	List of Diseases	on back of this (ertificate.
0.11	Departme				nore.) !'-
Permit No. 84/	Office of Regi.	strar of	Vital St	atistics.	Ward	
The Physician who attended at to the Undertaker or other person st requested so to do, under penalty of No Permit	ny person in a last ilines uperintending the lucia law. FOR BURIAL CAN BE		STREET, SELECTION OF SELECTION			sooner, if
CER	TIFICA	EMOR	FoD	EATH	-I.	
Date of Death,	July Z	na	100/	. , ,	j	
Full Name of Deceased, $\{$	Write legibly and spell correctly. If an Infant not named, give names of parents.	Katie	Betr	leuski	-/-	
Bex, Male of Tentace, requi	ired in this line.		1		-	
Age,	Years,	,	6 Month	hs,	/	Days.
Color,			Muli		<i>[</i>	
		•••••		~		
Birth Place, State or country, and long in the United Sif of foreign birth.	d how)			Cels		
$Birth\ Place, \{ egin{array}{l} ext{State or country, and long in the United State of foreign birth.} \ Duration\ of\ Residence\ in \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	the City of Ralt	imore.	Si	vice B	crtt	
$Place of Death, \{^{ ext{Give Street an}}_{ ext{Number.}}$	the city of Batt	607	8. 1	sond h		
Cause of Death.		Choles	a Ing	lautum		
Duration of Last Sicknes All the above information should be	furnished by the Physician.	0	ne u	eek,		
Place of Burial,	Gilonisus G	3 Ori		A 0		

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Health Department, City of Baltimore.

Permit No. S42 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last filters, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,		uty 1	10/1		
Full Name of Deceased, {	Write legibly and spell correctly. If an Infant not named, give names of parents.	ederie	ke f.	Feedler	
Sex, Male or Female, {Cross requi	out the word not }	ma	le.		
Age,	Years,	3	Months,	/	Days
Color,	······································	•••••		/	
Married, Single, Widow or	Widower, {Cross out the wo	rds not }	V		
Occupation,	***************************************				
Birth Place, {State or country, and long in the United Stif of foreign birth.	how ates,	Ball	more	To the same of the	
Duration of Residence in t	he City of Baltimore,	,		A Chillian	
Place of Death, Give Street and Number.	3 246 N	n ar	leny fr	L ave	,
) First (Prin	nary), ma	rasm	us . / L	in birth	5)
$Cause \ of \ Death, \ \ \}$ Second (In	modiate), Just	vinte	stinal	Cotanh	
Duration of Last Sickness,	,	3 00	35.	******	
All the above information should be	furnished by the Physician.				
Place of Burial, Alless	tem Cemeter		,		
Date of Burial, Jul	3 3 2	1, 1.	# 50	e ton N	1. D.
J Undertaker, for.	Loesdens & So.	*	, , ()	Medical Attendant.	5
Place of Business, 214	or Schroender	Address,	11303	4 cyta	
Extract from Regulations of	the Board of Health to secur	e a full and co	rrect record of th	ne Vital Statistics in th	10

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Health	Bepartment,	Outy of E	Haltimore.	No
Permit No. 843	Office of Registra	er of Yital Stat	ristics. Ward	8
The Physician who attended a to the Undertaker or other person requested so to do, under penalty of No Permi	any person in a last illness, is resuperintending the burial hand if law. IT FOR BURIAL CAN BE OBTAL	The same of the sa	ion of this Certificate, accumble death of said deceased, CERTIFICATE.	rately filled out, or sooner, if
CER	TIFICATE	OF DE	ATH.	
Date of Death, June	Write legibly and spell	in 21	in Sitem	

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Date of Death,	1 100/	7. 0.	0.,
Full Name of Decease	write legibly and spell correctly. If an Infant not named, give names	illiam Edgar	Subert
Sex, Male or Female,			
Age,	Years,	Months,	Days.
Color, white			1
Married, Single, Wido	w or Widower, {Cross out the required in t	words not }	4
Occupation,		3	
Birth Place, State or count long in the Unif of foreign b	ry, and how hited States, firth.	12 allomor	a V
Duration of Residence	in the City of Baltim		
Place of Death, Give Str	eet and 836 M. Hi	rout	
Cause of Douth	nd (Immediate), Conve	resine	
	ld be furnished by the Physician.		
Place of Burial, 16	by CHOSS Cerueles	9	
Date of Burial,	ily 3ª 1884	4.20	21
(Undertaker, Her	1 ~ ~ / / . 1	No) Mey r	Medical Attendant.
Place of Business,	#413 E. Hayelle El	Address, 711 neal	vert ft

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

The Special Attention of Physicians	s is Respectfully Invited to the Rem	arks below, and to	List of Diseases on back o	f this Certificate.
Health	Department,	City of	Baltimore	2
Permit No. 344	Office of Registrar	of Vital Sta	atistics. Ward	1/
to the Undertaker or other person requested so to do, under penalty of	any person in a last illness, is responsible to the superintending the barket vishing flaw. IT FOR BURIAL CAN BE OBTAINS:	outy-four hours afte	r the death of said decer	accurately filled out, used, or sooner, if
CER	TIFICATE	OF D	EATH.	
Date of Death,	July 17	7.40		
Full Name of Deceased, $\left\{ \right.$	Write legibly and spelly correctly. If an Infant not named, give names of parents.	asiph	Krug	
Sex, Male or Female, [rogu			,	
Age, Color, White	Years,	Month	8,	Days.
Married, Single, Widow of	or Widower, {Cross out the words required in this line	not }		/
Occupation,				l
Birth Place, State or country, at long in the United if of foreign birth.	ad how States,		1/	
Duration of Residence in	the City of Baltimore,		V	
Place of Death, Give Street at Number.	nd) 13 5 Cha	pel 5	+,	
$Place \ of \ Death, \{^{ ext{Give Street at Number.}} \}$	imary), Chalera	Infanti	· · · · · · · · · · · · · · · · · · ·	
Duration of Last Sicknes		ek		
Place of Burial, St	Aphonous fen	'n		
Date of Burial, out	by god gy	INP.	00 1	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

M. D.

Medical Attendant.

The Special Attention of P	hysicians is Kespectiuity invited	to the Kemarks below, and to	List of Diseases on back of this C	ertificat
Permit No.	office of The	ent. City of	Baltimore.	34
The Physician who a to the Undertaker or other requested so to do, under p	ttended any person in a dast illne	ss, is responsible for the present, within the new art	ntation of this Certificate, accurated er the death of said deceased, or	y filled on sooner,
C	ERTIFICA	TEOF D	EATH.	
Date of Death,		July 15	1887	
Full Name of Dece	ased, { Write legibly and spell correctly. If an Infant not named, give names of parents.	Henry,	ohly	
Sex, Male or Fema		V		
Age,	Years,	6 Month	ns,	Days
Color,		White.	/	, ,
Married, Single, W	idow or Widower, {Cross ou required	t the words not)		
Occupation,		_ ^	,	
Birth Place, State or colong in the	ountry, and how e United States,	Cily		
	nce in the City of Bali	timore, Dur	ing lifetin	<u>-</u> ,
Place of Death, [Giv	e Street and 1813 Number.	2. Foyer	tte	
Cause of Death, $\{$	First (Primary), Gas, Second (Immediate),	haustin	itis.	
Duration of Last S	nickness, hould be fornished by the Physician,	2 weeks		
Place of Burial, &	thafther Cen	~. (1 g))	
Date of Burial,	ruly sed of	1 Water	eter Gus	>
J Undertaker,	" rance		Medical Attendant.	M. D.
Place of Business	s, Janto Wolf o	Address,	-	

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Place of Business,

The Special Attention of Physician	s is Respectfully Invited to the R	temarks below, and t	o List of Diseases on Back of	this Certificate
Health	Department,	City of	Baltimore	
Permit No. 876	Office of Registra	H OF PETOL S	tatistics. Ward	6-
requested so to do, under penalty of	ny person in a last illness is responsuperintending the burial, within law. IT FOR BURIAL CAN BE OBTAIN	twenty-jour nours and	r the death of said deceased	irately filled out, i, or sooner, if
CER	TIFICATE	MOFND	EATH.	
Date of Death,		1887	······	
Full Name of Deceased, {	Write legibly and spell correctly. If an Infant not named, give names of parents.	ab an	ton Ketz	es.
Sex, Male or Remain Cross	out the word not }			
Age,	Years,	6 Month	8,	Days
Color, Popul	2			
Married, Single, Widow o	r Widower; {Cross out the work required in this	ds not line.		
Occupation,			\1	
Birth Place, State or country, and long in the United State of foreign birth.	thow delto	. mo	V	
Duration of Residence in		1/ .	time	
Place of Death, {Give Street an Number.	a) 528 h.	Burk	S1.	
sause of Death, ?	mary), Chol	ra In	fantum	-
Duration of Last Sickness All the above information should be	THE ADMINISTRATION TO SEE THE PROPERTY OF THE			
Place of Burial, St. A	phonous Cem		/)	
Date of Burial, July	320 8/	T.	nW	
(Undertaker, & 67	ranch	Irandes	a Medical Attendant	M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address, 4

Medical Attendant.

			THE PERSON NAMED IN COLUMN
The Special Attention of Physicians is Respectfully Invited to the	Remarks below, and t	o List of Diseases on b	ack of this Certificate.
Health Department	Control of the Contro		re.
Permit No. Office of Registre	The state of the s		Ward
The Physician who attended any person in a last illness, is reto the Undertaker or other person superintending the burial, with requested so to do, under penalty of law. No Permit for Burial can be out a	1 10- 0	TO B	cate, accurately filled out deceased, or sooner, i
CERTIFICATE	OFT	EATH	
Date of Death,	July 2	20/86	
Full Name of Deceased, \{ \begin{array}{l} \text{Write legibly and spell} \\ \text{not named, give names} \\ \text{of parents.} \end{array} \}	-//	me Dor.	ny
Sex, Male or Female, { cross out the word not }	Hema	C	
Age, Years,	4 Mont	ths,	Days.
Color,	Light	coff.	
Married, Single, Widow or Widower, Cross out the w	· ·	0	/
Occupation,	22	one	1
Birth Place, {State or country, and how long in the United States, if of foreign birth.	20	,	V
Duration of Residence in the City of Baltimor			
Place of Death, {Give Street and }	0 5/7	Paca s	1
Cause of Death, $\left\{ egin{array}{ll} ext{First (Primary),} & \ & \ & \ & \ & \ & \ & \ & \ & \ & $	Hot we	eather Ins	lonka
Duration of Last Sickness, All the above information should be furnished by the Physician.	The W	iek	
Place of Burial, Stark St Cantey	(
Date of Buriat; July 2 1887	h'~	1 20	
(TI) 1 2/18/10 1. 12-00).	Dery of	1 Dohner	- M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address, Con

Medical Attendant.

Bealth Department, City of Baltimore.
Permit No. 948 Office of Begistown of Vital Statistics. Ward
The Physician who attended any person in a fast Whess, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within westy-four bours after the death of said deceased, or sooner, if
requested so to do, under penalty of law. No Permit for Burial case be Obtained werhout a Proper Certificate.
CEDTIFICATE DEATH
CERTIFICATERED DEATH.
Date of Death, July 2. 1887
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not } Lemale
Age, Years, Months, Months, Days.
Color, " Dolor;
Marrie Single, Widow or Widower, {Cross out the words not } Single
Occupation, more,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, The - Aline
Place of Death, (Give Street and) 708 Silvery alley.
(First (Primary), Chotere Infantino
Cause of Death, Second (Immediate), Expression, Dearshoe
Duration of Last Sickness, about I acuse. All the above information should be furnished by the Physician.
Place of Burial, It Alphonseus Elm
Date of Burial, Quely 3 9 1887 has 11 (
(Undertaker, M. D. Medical Attendant.
Place of Business, 915 A Sery Address, 1224 & monunts.
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Kemarks below, and to List of Diseases on back of this Certificate.

Place of Business,

The Special Attention of Physician	s is Kespectfully Invited to the	Remarks below, and to	List of Diseases on bac	k of this Certificate.
Health	Department	, City of	Baltimon	re.
Permit No. 849	Office of Registr	an of Vital St	atistics. W	ard 14
to the Undertaker or other Person requested so to do under penalty of	any person in a last illness, is re superintending the burial, with	esponsible for the present in twenty-four hours after	tation of this Certifica or the death of said de	te, accurately filled out, eceased, or sooner, if
CER	TIFICATE	MOTEND	EATH:	24
Date of Death,	June 30	ca 1887		1
Full Name of Deceased,	Write legibly and spell correctly. If an Infant not named, give names of parents.	male Thate	iang	
Sex, Male or Female, {Croque required control of the control of th	uired in this line.			1
Age,		4/2 Month	28,	Days.
Color,	W	hit		
Married, Single, Widow	or Widower, { Cross out the w	rords not }		/
Occupation.	Im			
$Birth \;\; Place, egin{cases} ext{State or country, a} \ ext{long in the United} \ ext{if of foreign birth.} \ ext{Duration of } \; Residence \;\; in \end{cases}$	nd how States, Say &	reiv Ary	in 1	
Duration of Residence in	n the City of Baltimor	re, 24	rus !	
Place of Death, Give Street a Number.	and trueny }	6 hilds &	Ampilal	
Cause of Death, $\left\{egin{array}{l} ext{First (Property)} \ ext{Second (} \end{array} ight.$	rimary), Loon, one (Immediate), Cee re	rab dri	tationi	
Duration of Last Sickne	furnished by the Physician,	48 hour	5	
Place of Burial, Jon	den Tark			
	0., 2	. ~	0	*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

M. D.

Undertaker,

Place of Business,

The Special Attention of Physicians is Kespectfully Invited to the Kemarks below, and to List of Diseases on back of this Certificate.
Permit No. Department, With of Baltimore. The Physician who attended any person in a last illness, is suppossible for the presentation of this Certificate, accurately filed out to the Undertaker or other person superintending the burial, within twenty-form hours after the death of said deceased, or sooner, it requested so to do, under penalty of law. No Permit for Burial can be obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, July 2 nd 1887
Date of Death, Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Remule, {Cross out the word not required in this line.}
Age, 77 Years, Months, Days. Color, White
Color, White
Married, Strigte, Widow or Widower, {Cross out the words not }
Occupation, Bricklager
Birth Place, {State or country, and how long in the United States of foreign birth.
Duration of Residence in the City of Baltimore, about 50 years
Duration of Residence in the City of Baltimore, about 50 years Place of Death, {Give Street and } Josonsen St # 605
Cause of Death, { First (Primary), Suicide by Caudanum) Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physican.
Place of Burial, Touden Park
Date of Rurial July 4

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,